

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101570024

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
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47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	6					
TOTAL DEP.	66					
TOTAL CLAIMS	72					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
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95	/		/			
96	/		/			
97	/		/			
98	/		/			
99	/		/			
100	/		/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						